

Voluntary Cleanup Program

Washington State Department of Ecology – Toxics Cleanup Program



SITE SUMMARY

This form is a required component of your request for assistance under the Voluntary Cleanup Program. Please include it with your application, consultation fee, and terrestrial ecological evaluation form (if applicable).

WHICH OF THE FOLLOWING APPLY TO YOUR SITE?

- ☐ You are requesting assistance on a planned cleanup.
- ☐ You are requesting assistance on an ongoing cleanup.
- ☐ You are requesting review of a completed cleanup.
- ☐ You are requesting review of monitoring reports.

PERSON/ORGANIZATION MAKING REQUEST FOR ASSISTANCE

Name:		
Firm:		
Mailing address:		
City:	State:	Zip code:
Telephone number:	Fax number:	E-mail address:

WHICH BEST DESCRIBES YOUR INVOLVEMENT AT THIS SITE (CHECK AS MANY THAT APPLY)

Current Owner	Former Owner	Potential Purchaser	Current Operator	Former Operator	Environmental Consultant	Attorney	Insurance Carrier	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:								

SITE IDENTIFICATION

Name of site:				
Alternative name(s) for site:				
Site address:				
City:	State:	Zip code:	County:	UBI Number:
Township:	Range:	Section:	Quarter-Quarter:	

Latitude:	Degrees:	Minutes:	Seconds:
Longitude:	Degrees:	Minutes:	Seconds:
What method did you use to calculate latitude and longitude?			
How many acres is the site?			
Property type? Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Other <input type="checkbox"/> Please specify:			
Is the property currently being used?			
Are there plans for change in use? If yes, please specify:			

STANDARD INDUSTRIAL CLASSIFICATION (SIC) CODES

Please list all that apply. If you do not know the SIC code(s), list the activities conducted at the site (i.e. automotive repair and maintenance, construction equipment storage, etc.)

TANK INFORMATION

Please complete the table below for all above ground tanks (AST) and underground storage tanks (UST) existing or formerly existing on the property, including unregulated tanks.

TANK ID	AST/UST	SIZE	WAS FREE PRODUCT ENCOUNTERED?		IN EXCAVATION	**TANK STATUS & DATE
			*PRODUCT	ON GW		

* Unleaded, leaded diesel, bunker-C, waste oil, heating oil, aviation fuel, other (please identify)

**Left in-place, removed, closed-in-place

SITE MAPS

Please include an area map that shows the general location of the site (mark the site location) and a site diagram that shows sampling and well locations.

DANGEROUS WASTE FACILITIES

Does the facility have a dangerous waste identification (WAD) number? _____
 If yes, please specify. _____

SITE ASSESSMENT OR SITE REMEDIATION WORK COMPLETED TO-DATE

Has site assessment work been completed at the site?	
If yes, when?	Were the results reported to Ecology?
Has site cleanup work been conducted at the site?	
If yes, when?	Were the results reported to Ecology?
Does contamination remain on-site after cleanup?	
If yes, please describe the contamination?	

INSTITUTIONAL CONTROLS (I.E. RESTRICTIVE COVENANT, ENGINEERED CONTROLS, FENCING)

Were institutional controls used at the site? If yes, please specify. _____

DOCUMENTATION

Please list all known assessment and/or cleanup reports completed for the site. Include the title of the report, the name of the consulting firm that did the work, and the year it was completed.

TITLE	CONSULTING FIRM	DATE

AFFECTED MEDIA & CONTAMINANTS

Please list the known or suspected contaminants at the site prior to cleanup. Mark the appropriate medium (such as soil) with "C" (confirmed and above Model Toxics Control Act (MTCA) cleanup standards), "B" (confirmed but below MTCA standards), "S" (suspected), "N/A" (not applicable), "O" (tested and not present), "U" (unknown).

[illegible]

METHODS & TREATMENT TECHNOLOGIES USED AT SITE

Please check all applicable boxes that apply to your site.

CLEANUP METHOD USED	SOIL	GROUND WATER	SURFACE WATER	DRINKING WATER	AIR	SEDIMENTS
Method A						
Method B						
Method C						
TREATMENT TECHNOLOGY USED	SOIL	GROUND WATER	SURFACE WATER	DRINKING WATER	AIR	SEDIMENTS
Air Sparging/Air Stripping						
Bioventing						
Capping (asphalt, concrete, topsoil, RCRA cover, soil-clay, synthetic membrane)						
Carbon Adsorption						
Containment On-Site						
Containment Off-Site						
Free-product Recovery						
In Situ Chemical Oxidation						
Natural Attenuation (dilution, volatilization, biodegradation, adsorption)						
Permeable Reactive Barriers						
Phytoremediation						
Soil Flushing						
Soil Vapor Extraction						
Thermal Desorption						
Other (please specify)						

AFFECTED MEDIA & CONTAMINANTS AFTER CLEANUP

Please list the contaminants from the box on page 4 and list their status after cleanup. Mark the appropriate medium (such as soil) with “C” (confirmed and above Model Toxics Control Act (MTCA) cleanup standards but contained), “B” (confirmed but below MTCA standards), “R” (remediated and below MTCA standards), “N/A” (not applicable), “O” (tested and not present), “U” (unknown).

[illegible]

DRINKING WATER & AQUATICS INFORMATION

Are there any drinking wells within ½ mile of the site?	If yes, how many?
Was a drinking water system affected?	If yes, was an alternate drinking water source provided?
Was the affected drinking water system public, private, or both?	
Are there any creeks, streams, ponds, wetlands, or shorelands on or adjacent to the site?	Within ¼ mile of the site?
If yes, where are they located?	
Were they impacted by the contamination from the site?	

OWNER/OPERATOR HISTORY

Please complete as many of the below boxes as possible. For type of owner/operator, please use the following codes: (1) Private, (2) Municipal, (3) County, (4) Federal, (5) State, (6) Tribal, (7) Mixed, (8) Other, (9) Unknown, (10) Public Entitle Acquisition via Bankruptcy.

Current site owner:	Type:
Street address:	
City:	State: Zip code:
Contact person (if different than owner listed above):	
Street address:	
City:	State: Zip code:
Phone:	Fax: E-mail address:
Date of ownership: to	

Current operator:	Type:
Street address:	
City:	State: Zip code:
Contact person (if different than owner listed above):	
Street address:	
City:	State: Zip code:
Phone:	Fax: E-mail address:
Date of operation: to	

Former site owner:			Type:
Street address:			
City:	State:	Zip code:	
Contact person (if different than owner listed above):			
Street address:			
City:	State:	Zip code:	
Phone:	Fax:	E-mail address:	
Date of ownership: to			

Former operator:			Type:
Street Address:			
City:	State:	Zip code:	
Phone:	Fax:	E-mail address:	
Date of operation: to			

Environmental consultant:			Type:
Representing:			
Firm:			
Street address:			
City:	State:	Zip code:	
Phone:	Fax:	E-mail address:	

SITE CONTACT PERSON (IF OTHER THAN OWNER/OPERATOR)

This is someone who is available during normal working hours and has knowledge about the site and the activities conducted at the site.

Name:			
Relation to site owner/operator:			
Firm:			
Street address:			
City:	State:	Zip code:	
Phone:	Fax:	E-mail address:	
Date of involvement with site: to			

Name:		
Relation to site owner/operator:		
Firm:		
Street address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:
Date of involvement with site: to		

Name:		
Relation to site owner/operator:		
Firm:		
Street address:		
City:	State:	Zip code:
Phone:	Fax:	E-mail address:
Date of involvement with site: to		

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To receive this document in alternative format, please contact the Toxic Cleanup Program at (360) 407-7170 or 711 or 1-800 833-6388 (TTY).